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## **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/920,810	
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First Named Inventor	Feger	
Group Art Unit	1654	
Examiner Name	M. Meller	
Attorney Docket Number	SYNERCID (46453)	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:							
A Power of Attorney or Authorization of Agent is submitted herewith.							
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I hereby appoint the practitioners associated with the Customer Number							
Please change the correspondence address for the above-identified application to:							
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I am the:  Applicant/Inventor.  X Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name John A.A. Bellamy, Executive V.P. and General Counsel							
Signature Spallan							
Date 27 Fab 04							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
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